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**ACT CONCERNING BENEFITS FOR CERTAIN VETERANS WHO HAVE BEEN
DIAGNOSED WITH POST-TRAUMATIC STRESS DISORDER OR TRAUMATIC BRAIN
INJURY, OR WHO HAVE HAD AN EXPERIENCE OF MILITARY SEXUAL TRAUMA**

Written Testimony for the Comm. on Veterans' Affairs, Conn. Gen. Assembly, on SB-284

Madam Chair, Mr. Chairman, Mr. Chairman, and Members of the Committee on Veterans' Affairs, I write in support of SB-284, an Act Concerning Benefits for Certain Veterans Who Have Been Diagnosed with Post-Traumatic Stress Disorder or Traumatic Brain Injury, or Who Have Had an Experience of Military Sexual Trauma. My name is Yania Padilla, and I am currently the Mental Health Trainings Director with Health360. I am considered a suicide prevention Subject Matter Expert, and have previously worked with CT Army and Air National Guard in developing, implementing, and evaluating evidence based suicide prevention initiatives. I was also the chair of the Southern Connecticut Chapter of the American Foundation for Suicide Prevention. Most importantly, however, I am a survivor of suicide loss, having lost my brother, Sgt. Walter Padilla, to suicide in 2007. I write in support of this legislation in part because of the positive effects that some of its provisions may have on preventing suicide and in addressing other mental health crises among veterans in our state.

Unfortunately, rates of suicide among veterans are much higher than rates among the general population. The VA itself has found that "after adjusting for differences in age and sex, risk for suicide was 22 percent higher among Veterans when compared to U.S. non-Veteran adults. After adjusting for differences in age, risk for suicide was 19 percent higher among male Veterans when compared to U.S. non-Veteran adult men. After adjusting for differences in age,

risk for suicide was 2.5 times higher among female Veterans when compared to U.S. non-Veteran adult women.”¹

PTSD, TBI, and MST are all linked to rates of suicide even higher than the veteran population as a whole. Although studies vary as to the magnitude of the effect, PTSD is significantly associated with higher rates of suicide. One study found, for example, that “among US Army service members from 2001–2009 those who died by suicide were almost 13 times more likely to have received a diagnosis of PTSD compared to all Army service members in the same time period.”² Traumatic brain injuries are also associated with a higher risk— adults who have suffered a TBI are three times more likely than uninjured adults to die by suicide.³ Lastly, although the effects of sexual trauma while serving vary significantly between individuals, experiencing a sexual assault is also a serious risk factor for suicide. One study found that male veteran survivors were 69% likelier than their peers to die by suicide, and female veteran survivors were 127% likelier to die by suicide.⁴

Because these conditions are so significantly linked to heightened suicide risk, these veterans may be in particular need of consistent, long-term mental healthcare and peer support. I acknowledge the hard work and dedication of countless colleagues in both the nonprofit sector and local government agencies who try to get these bad paper veterans some access to services, particularly if they are in crisis. We’ve worked with what we had, we see folks after hours, pro-bono, help them fill out paperwork, whatever we can do. But we need the support of our state.

¹ Press Release, VA Releases Veteran Suicide Statistics by State, U.S. Department of Veterans Affairs, (Sept. 15, 2017), *available at* <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2951>.

² National Center for PTSD, *PTSD and Death from Suicide*, 28.4 PTSD RESEARCH QUARTERLY, 2017), *available at* <https://www.ptsd.va.gov/professional/newsletters/research-quarterly/V28N4.pdf>.

³ Jaleesa Baulkman, *Suicide Risk Increases 3-Fold in Adults after Concussion, Traumatic Brain Injury*, MEDICAL DAILY, (Feb. 9, 2016), <http://www.medicaldaily.com/suicide-risk-increases-3-fold-after-concussion-traumatic-brain-injury-372732>.

⁴ R. Kimerling et al., *Military Sexual Trauma and Suicide Mortality*, 50(6) AM. J. PREV. MED. 684 (2016), <https://www.ncbi.nlm.nih.gov/pubmed/26699249>.

The federal VA has begun to recognize how critical mental healthcare is in preventing death by suicide, and has opened its doors to veterans with Other-Than-Honorable discharges for a period of 90 days after experiencing a mental health crisis. This policy is welcome and important, but it doesn't go far enough.

People with significant mental health challenges, including suicidal ideation, require consistent, long-term care. In fact, best practices recommend that a person experiencing suicidal ideation be closely monitored for at least a year. OTH veterans at risk for suicide who are removed from the federal VA healthcare system need as seamless a transition to a continuing care program as possible.

Veteran-specific programs offer a particular kind of support – both from peers and providers – that general treatment programs in the state cannot offer. Clinicians' familiarity with the veteran experience and fluency in relevant treatment programs creates understanding and trust. Simply being accepted into a veteran-centered treatment community can also begin to heal some of the feelings of rejection that can accompany bad paper. Being surrounded by veteran peers creates a community of shared experience, reducing physical and emotional isolation.

By treating these veterans as veterans, Connecticut would help counter the cycles of substance abuse, homelessness, and health crises that all too often accompany PTSD, traumatic brain injuries, and the aftereffects of sexual assault, and can be risk factors for suicide. The state better serves its OTH-discharged veterans by directing them not to general civilian programs, but to programs at Rocky Hill, for example, that are designed for their needs.